

'B-FIT' TRAINING GUIDE

Patient workbook



CHAPTER 3. PATIENT WORKBOOK.

3.1 Explanation of patient workbook.

In consultation with your physical therapist, an exercise program has been prescribed for you. The main goal of this program is to improve your physical condition so that your symptoms decrease and your well-being improves.

The patient workbook that you are now reading is part of a training guide specially developed for patients with muscle diseases. The exercise program that your therapist has designed is completely tailored to your personal situation. The content of the program is based on the information from the intake interview and the data collected during the exercise test prior to the exercise program.

The patient workbook is an important tool in the supervision of your exercise. Based on your workbook, the physiotherapist will be able to monitor the progress of the exercise program in order to prevent overuse. The exercise workload may need to be adjusted.

This workbook also contains practical instructions about exercise and the contact details for your physical therapist. For the interested reader, more background information can be found about the importance of physical activity and exercise in Chapter 1 of the therapist's manual (this can be consulted via the B-FIT website^a). You can contact your physical therapist you have any questions about the exercise.

Physical therapist:

Name:

Institution:

Telephone number:

E-mail:

^a <https://www.amc.nl/trainingguide>

3.2 Explanation of the exercise schedule.

Your exercise schedule is detailed in the exercise log (beginning with Chapter 3.5). It describes, for example, the type of exercise chosen (cycling, walking, rowing, or similar activities), how often you have to train per week, how long the exercise lasts and at which intensity level you have to train.

Your heart rate will be measured during exercise to ensure that it remains within the values indicated in your exercise schedule. Assuming that the heart rate values are 115–125, then ensure that your heart rate does not fall below 115 or rise above 125 beats per minute during exercise. Your heart rate can be increased by 1) increasing the resistance of your ergometer, or 2) increasing the pace. At the start of the exercise program, your physical therapist will discuss with you which combination of resistance and pace is most suitable for keeping your heart rate between the values indicated in your schedule.

In some cases, you or your physical therapist may not have a heart rate monitor that you can use during exercise. In that case you do not use the heart rate, but the Rating of Perceived Exertion (RPE) scale. The RPE scale is a subjective exercise workload scale to estimate the perceived level of effort on a scale of 6 to 20 (Section 3.4). Your therapist will explain how to use the RPE scale. Assuming that the score on the RPE scale is 11–12, then you should make sure during exercise that your score does not fall below 11, but also does not rise above 12. Similar to the heart rate, your RPE score can be increased by 1) increasing the resistance of your ergometer, or 2) increasing the pace. At the start of the exercise program, your physical therapist will discuss with you which combination of resistance and pace is most suitable for keeping your RPE score between the values indicated in your schedule.

Here are a number of important aspects to keep in mind during the exercise program:

- If you do not reach the values indicated in your exercise schedule, continue to exercise at the highest possible resistance and pace, and try to complete the exercise session. During the next session, try again to stay between the specified values. If you do not reach the values indicated this time, contact your physical therapist.
- During the course of the program you may need to increase the resistance or pace to stay within the values specified in the exercise schedule. This is a positive effect of exercise! Discuss with your therapist which combination of resistance and pace is most suitable for you.
- Halfway through your exercise program you will visit your physical therapist and undergo the same exercise test as before the start of the exercise program. Based on the results of this test, the heart rate values are determined again. The heart rates can therefore deviate in the second half of the exercise program from those in the first half of the exercise program.
- Try to keep the pace as even as possible during exercise.
- As you can see in the exercise log, there are low intensity and high intensity exercise sessions. Make sure that you always start with a warm-up during high intensity exercise sessions (for example, session 2 in week 1).

- Before you start your workout, don't forget to attach the heart rate monitor strap to your chest and put the watch on your wrist. If you or your physical therapist does not have a heart rate monitor, you should use the RPE scale. Make sure it is clearly visible during exercise!

After completing the exercise program:

Because it appears to be difficult for many people to maintain an exercise program, an interesting question is: "To maintain the exercise effects achieved, should the same exercise schedule be continued after completing the program?" Although more research is needed, there are clear indications that more effort is needed to improve fitness than is needed to sustain this improvement. Therefore, discuss with your physical therapist how to continue the exercise program.

3.3 Practical instructions about exercise

Drinking.

When you exercise, it is important to maintain your fluid balance, especially if you train intensively. You can lose 1 to 2 liters of water per hour. Drinking enough is an important precondition for good performance. Make sure you drink enough before, during and after training. For example, fill a half-liter bottle with tap water before the session starts so that you can easily drink during exercise.

Temperature.

As your body temperature rises, more blood vessels open in your skin. The warm blood that flows through the skin releases more heat to the environment. While exercising you should therefore ensure that the temperature in the room where you train is not too high. Otherwise you can become overheated.

Clothing.

It is best to wear sports clothing: if you are exercising indoors, shorts or training pants with a T-shirt and sneakers are all you need. Outside, your clothing must be appropriate for the weather conditions. In warm weather, for example, you should wear light clothing with light colors, while in cold weather it is important to wear several layers of clothing.

Food.

Food eaten before exercise is only useful if the food is also effectively digested and absorbed through the gastrointestinal tract. This means that time is needed to actually use the food as fuel for exercise. The time required for this depends on the type of food. Foods that are high in fat, protein and dietary fiber digest more slowly. If they are not fully digested, they can cause stomach complaints during exercise. A general guideline is to plan your last meal 2 to 4 hours before exercise, while a light snack is still possible until 1 to 2 hours before exercise.

What to do in case of illness?

You should not exercise if you have a fever, i.e. a body temperature above 38 degrees Celsius (100 degrees Fahrenheit). In that case, contact your physical therapist. The telephone number is on page 2 of the workbook. You can start exercising again 2 to 3 days after the last day of fever.

What to do in case of cramps?

If you have cramps, stretch the limb that is cramping. If the cramp does not disappear after 3 minutes, stop exercising. You can resume exercise when the cramp is gone. If the cramp returns, contact your physical therapist. To prevent cramping, you should drink sufficient water and not too much coffee.

What to do in case of muscle pain?

Muscle pain is not a bad sign. The pain is caused by lactic acid in muscles that stimulates the free nerve endings. This is irritating, but fortunately goes away quickly. During recovery, muscle fibers become thicker than they were before, making the muscle bigger and stronger. When you do a good warm-up and cool-down, you reduce the risk of muscle pain. It is normal for the muscle pain to last for 2 to 3 days. Contact your physical therapist if the muscle pain lasts longer.

Dizziness/chest pain.

If you feel dizzy or nauseous, or have chest pain, you should stop exercising and contact your physical therapist.

Fatigued after exercise.

It is normal for you to feel fatigued after exercise. This is a healthy response of the body to physical exertion. However, if you are hindered in your daily activities after exercise, please report this to your physical therapist.

After exercise.

In the first hours after exercise, we advise against performing heavy physical work. Light physical activity is not a problem.

Check-up appointment with the physiotherapist.

Make sure you bring your patient workbook, heart rate monitor (if used), drinks and sportswear to the physical therapist.

Unable to attend appointment

If you are unable to attend the check-up appointment, you must inform your physical therapist about this in advance so a new appointment can be scheduled.

Provide a stimulating environment.

Research and daily clinical practice show that many people find it difficult to maintain an exercise program. It is therefore important that you provide a stimulating environment for yourself. A few examples are: exercise together with others (if possible), exercise with music (make sure that the pace is not influenced too much), and ask your physical therapist to provide regular feedback (positive results are motivating).

3.4 Instructions using the ergometer, heart rate monitor, and RPE scale.

Ergometer.

It is preferable to use an ergometer during exercise. The disadvantage of this method is that your exercise does not take place outdoors. A big advantage, however, is that the ergometer makes it possible to accurately determine the required resistance and the required pace so you can attain the heart rate values indicated in your schedule. Partly in view of the risks of overuse and underuse, it is crucial to train as much as possible between the stated heart rate values.

A number of examples of commonly used ergometers for exercise are the bicycle ergometer (also known as a home trainer), treadmill, rowing ergometer and arm ergometer. You can contact your physical therapist with questions about working with the ergometer and adjusting it. Possible questions are the following: how do I adjust the resistance and the pace so that I am exercising in my exercise zones, and how must the ergometer be adjusted (saddle height, distance, etc.) to exercise as efficiently as possible?

Heart rate monitor.

You have received a heart rate monitor from your physical therapist, or you have one yourself. The heart rate monitor consists of a heart rate monitor strap and a watch. The heart rate monitor strap is worn around your chest and the watch is worn around your wrist. With the watch you can check your heart rate during exercise. Note that during exercise you must ensure that your heart rate remains between the values indicated in your personal schedule (see Section 3.2). You can contact your physical therapist with questions about the type of heart rate monitor that you are using.

RPE scale.

The RPE scale is a subjective scale to determine the perceived level of effort on a scale of 6 to 20. For reliable use, user training is necessary to clarify which score corresponds to which subjective experience. Your physical therapist will instruct you on the correct use of the RPE scale.

RPE SCALE

6		6
7	Extremely light	7
8		8
9	Very light	9
10		10
11	Light	11
12		12
13	Somewhat hard	13
14		14
15	Hard	15
16		16
17	Very hard	17
18		18
19	Extremely hard	19
20		20

3.5 The exercise log.

You should complete the exercise log in consultation with your physical therapist. The specific need for help and the treatment goal are determined during the intake interview. The details of your exercise schedule are based on the data from the exercise test that you underwent prior to the program.

The schedule is specified for each week of the program. After each exercise session you will be asked to record the actual heart rate achieved during the session. After each exercise week you will also be asked to answer a number of questions. It is important you keep accurate records because your therapist can use your log to check whether the exercise schedule is sufficiently in line with your specific situation or whether adjustments may be necessary to prevent overuse.

The specific need for help:

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The treatment goal:

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Your exercise schedule:

Frequency	
Intensity (zones)	
<i>Recovery</i>	
<i>Low intensity</i>	
<i>Moderate intensity</i>	
<i>High intensity</i>	
Type	
Time	
Exercise method	Heart rate monitor/RPE scale

Ergometer settings (if used):

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Week 1:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 1:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 2:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 2:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 3:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 3:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 4:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 4:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 5:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 5:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 6:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 6:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 7:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 7:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 8:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 8:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 9:

	Date	Starting time
Exercise		
Session 1 (low intensity)		
Session 2 (high intensity)		
Session 3 (low intensity)		

	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 9:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 10:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 10:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 11:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 11:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 12:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 12:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 13:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 13:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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.....

Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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.....

Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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.....

Week 14:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 14:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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.....
.....

Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

.....
.....
.....

Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

.....
.....
.....

Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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.....
.....

Week 15:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 15:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

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.....

Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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.....

Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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Week 16:

		Date	Starting time					
Exercise								
Session 1 (low intensity)								
Session 2 (high intensity)								
Session 3 (low intensity)								
	Exercise zone	Duration	Heart rate schedule ^a	Heart rate achieved ^b	Score on RPE scale schedule	Score on RPE scale achieved ^b	Resistance ^c	Pace ^c
Session 1	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			
Session 2	Warming up				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
	Recovery				≤ 9			
	High intensity				≥ 14			
Session 3	Low intensity				10 – 11			
	Recovery				≤ 9			
	Low intensity				10 – 11			

^a To be completed by the physical therapist based on the exercise test before the start of the exercise program.

^b To be completed by the patient.

^c To be completed in consultation with the physical therapist.

Week 16:

Did you have any complaints this week after the exercise sessions?

no yes, when did you have complaints and what were they?

.....
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.....

Have you completed all exercise sessions this week?

yes no, which ones were not completed and why?

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Did you succeed in exercising in the exercise zones during all sessions?

yes no, during which sessions not and why not?

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Do you now have muscle pain?

yes no

Do you feel other forms of pain or discomfort?

no yes, what kind of pain or discomfort?

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